

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

JK 10/93
Date 10/7-sec.

REQUEST FOR PATENT FEE REFUND

OCT 94-00024/MR

1 Date of Request: 9/28/93 2 Serial/Patent #: 81 117 293

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing	<input checked="" type="checkbox"/>	<u>9/7/93</u>	\$ 40.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 40.00	
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/> Treasury Check		
<input type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> <u> -- </u>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>JACQUELYN ARTIS</u>		TITLE: <u>Application Clerk</u>		
SIGNATURE: <u>Jacquelyn Artis</u>		PHONE: <u>308-1901</u>		
OFFICE: *****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u>Jacquelyn Artis</u>		DATE: <u>09-29-93</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B